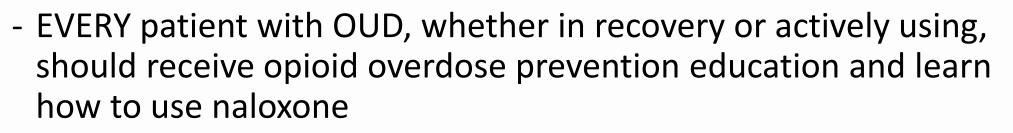
Overdose Education and Naloxone Distributio (OEND) for All Patients with OUD:



- All patients on chronic opioid therapy should receive OEND
- All patients using any illicit substances should receive OEND due to pervasive fentanyl contamination of the illicit drug supply
- All patients concerned about overdose in their household or community should receive OEND
- Bystander naloxone administration is protected in Texas

Key points to emphasize when counseling patients on opioid overdose prevention include:

- Anyone who takes an opioid is at risk for overdose
- Overdose can happen with any route of administration.
 - Injecting opioids is riskiest AND many overdoses happen from oral ingestion
- Overdoses don't always occur immediately after use
- Using alone increases the risk of overdose
- Call 911 when someone is having an overdose even if they are revived by naloxone

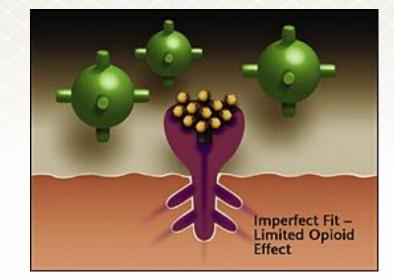
Key points to emphasize when counseling patients on opioid overdose prevention include:

- The riskiest time for overdose is right after a period of abstinence
- The person most at risk for opioid overdose is a person who has previously overdosed.
- Overdose is more common when opioids are mixed with other substances that slow breathing
- Using a stimulant does not cancel out the risk of overdose and can actually increase overdose risk by increasing oxygen demands of the heart

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Naloxone

- Opioid antagonist with zero abuse liability
- No effect on individual not using opioids
- Half-life of 30-90 minutes
- Once naloxone wears off, overdose can recur
- Variety of easy to administer formulations
- May need to be re-dosed overdosed is due to a potent opioid (i.e. fentanyl)



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Naloxone Formulations



Parenteral (IV/IM/SC)

- \$20-40 Generic: 0.4mg/ml vials and syringes or 1 mg/ml syringes
- \$3K Evzio: 0.4mg/0.4ml autoinjector

Intranasal

- Narcan nasal spray: 4mg/0.1ml nasal spray NOW OTC at \$45 for two doses
- \$70-100 Klaxxado nasal spray: 8mg/0.1ml nasal spray

Ms. C would like to try buprenorphine for treating her OUD. In addition to checking her PDMP record, signing consent and treatment contract, checking her UDS and instructing her on at home induction of the buprenorphine you prescribe, you provide Ms. C with:

A. Referral to a local SUD treatment center to medical manage her opioid withdrawal

B. Naltrexone injection to tide her over until her appointment with your colleague

C. An appointment with your practice's therapist, telling her participating in counseling is a requirement of OBOT

D. Education about opioid overdose prevention and a prescription for naloxone